

217350

(FORM C-AC)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

2009-256-T

CLASS C - TAXI

DATE 6-19, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DEON GAVIN

2. (a) Street Address of Applicant 905 TUMBLEWEED DR

FLORENCE, SC 29506

- (b) Mailing address, if different from street address

P.O. Box 13681, FLORENCE, SC 29504

- (c) Telephone Number 843-409-3288 Fed. ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

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7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: JUNE Year: 2009

Assets:	
Cash	2,000.00
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	2,500.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	4,500.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	0

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103.100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF FLORENCE

I, TIMOTHY AIKEN, MANAGER
(Name of Applicant's Representative) (Title)
of DEON RAYN, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At 1245 Celebration Blvd Flo, SC 29501

This the 19 day of June 2009

[Signature]
(Notary Public) 2-17-2019

Commission Expires:

Tim Aiken
(Signature of Applicant's Representative)

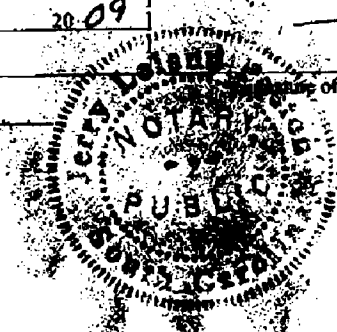


EXHIBIT C

CLASS C -

TAXI _____

CHARTER _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant DEON GAVIN

For the transportation of passengers as follows:

Area to be served: FLORENCE, SOUTH CAROLINA

Number of passengers: (5) ~~SIX~~ SIX

Fares: ZONE 1 = 3.50 ZONE 2 = 4.50
ZONE 3 = 6.00 ZONE 4 = 7.75

Date 6-19-09

DEON GAVIN
By

OWNER
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: 6-19-09

Leon Davis
(Applicant)
~~Tim~~ ~~Wiles~~
(Applicant's Representative)
MANAGER
(Title)

INSURANCE QUOTE

The following insurance quote is for:

DEON GAVIN

(Name of Motor Carrier)

905 TUMBLEWEED DR. FLORENCE, SC 29506

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

\$2,800.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

SOUTHERN UNITED

(Insurance Company Name)

1245 CELEBRATION BLVD, FLORENCE, SC 29501

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6-19-09

Date

JERRY POSTON 843-407-4090

(Authorized Insurance Company Representative)

Rev 5/07



on Gavin - ORS paperwork

tn Carol

Hi please see attachments thank you.

Tammy Poston
Office Manager



COMMERCIAL INSURANCE
SERVICES LLC

"Protecting your business is our business"

1245 Celebration Blvd, Florence SC 29501

Phone 843-407-4090

Fax 843-664-0831

www.commercial-ins.com

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FLORENCE
DOCKETING UNIT

P.S. Please note our office number has changed from 843-664-0036 to 843-407-4090

